

(FORM MUST BE FILLED OUT IN BLACK INK OR TYPED)
CERTIFICATE OF DISSOLUTION OF BUSINESS NAME
BY BUSINESSES REGISTERED WITH THE STATE
CORPORATION COMMISSION

CERTIFICATE TO BE FILED BY PERSON(S)/OFFICER DISSOLVING A
BUSINESS REGISTERED IN THE COMMONWEALTH OF VIRGINIA UNDER AN
ASSUMED OR FICTITIOUS NAME

I/we _____

do hereby certify that I/we dissolve the business of _____

which was located at _____

(Address)

(City)

(State)

My/our Post Office address is: _____

My/our Residence address is: _____

My/our phone number is: (____) _____ (____) _____

Type of Fictitious Name Recorded:

Corporation _____

Limited Liability Co _____

General Partnership _____

Limited Partnership _____

This fictitious name was originally filed in Book # _____, Page # _____,

On the _____ day of _____, _____

Legal Name of Business Registered w/SCC

By: _____

Signature of Officer

Title: _____

Commonwealth of Virginia
County of Loudoun, to-wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth
and County aforesaid, do hereby certify that

_____, whose
name(s) is/are signed to the foregoing and hereunto annexed Certificate dated the
_____ day of _____, _____ has/have this day personally
appeared before me and acknowledged the same before me in my office.

Given under my hand this _____ day of _____, _____

Deputy Clerk (Notary Public)